

| Eligibility Factor | Self-Attestation Accepted without Additional Verification (Y/N) | Self-Attestation Accepted with Post-Eligibility Verification (Y/N) | Electronic Data Source Used (Y/N) | Reasonable Compatibility Standard Used   | Specify Reasonable Compatibility Standard for Income | Ask for a Reasonable Explanation from the Individual (Y/N) | Paper Documentation Required from the Individual (Y/N) | Comments  |
|--------------------|---|--|-----------------------------------|--|--|--|--|---|
| Income*            | NO  | YES  | YES                               | Both are above, at or below the applicable income standard.<br><br>Percent Threshold | 10%  | NO   | YES  | <p>If attested income is below the applicable standard and the data source indicates income above the applicable standard, but the difference is 10% or less the state considers that reasonable compatible. If the difference is more than 10% than will request paper documentation.</p> <p>When an individual attests to income above the applicable Medicaid/CHIP standard, putting them into an APTC range, but data sources indicate the income is lower and within a Medicaid/CHIP range, the state determines the person ineligible for Medicaid/CHIP and continues the process to make a determination for APTC. Further information is not requested unless it is needed for the APTC determination.</p> <p>FDSH (IRS/SSA), Department of Revenue and Department of Workforce Development (DWD) will be used at application (note DWD will not be available 10/1 – scheduled for 12/15 implementation). Inconsistencies will be resolved through additional verificaiton post-enrollment as authorized under the state's 1115 waiver. If post enrollment verification is required, the individual will be requested to submit paper verification.</p> |
| Residency          | NO  | YES  | YES                               | N/A  | N/A  | NO   | YES  | <p>Data source checks that the address is a real residential address. If not, then additional verification is required. Data source will also check for additional associations with the address to gain additional confidence in the individual's association with the address. If low confidence, additional information and paper documentation will be requested. Note: Certain exceptions will apply (i.e Nursing Homes)</p> <p>Exception: Self-attestation without additional verification is accepted if the individual indicates that they are homeless.</p> <p>Experian/Lexis Nexis will be used at application.</p> <p>Inconsistencies will be resolved through additional verificaiton post-enrollment as authorized under the state's 1115 waiver.</p>  |

| Eligibility Factor  | Self-Attestation Accepted without Additional Verification (Y/N) | Self-Attestation Accepted with Post-Eligibility Verification (Y/N) | Electronic Data Source Used (Y/N) | Reasonable Compatibility Standard Used | Specify Reasonable Compatibility Standard for Income | Ask for a Reasonable Explanation from the Individual (Y/N) | Paper Documentation Required from the Individual (Y/N) | Comments  |
|---|---|--|-----------------------------------|--|--|--|--|---|
| Age (Date of Birth)   | NO  | YES  | YES                               | N/A                                    | N/A  | YES  | YES  | <p>If data match comes back with an inconsistent age then Massachusetts does follow up through an outreach call to applicant to ask for paper documentation. This will not hold up eligibility determination or result in termination if the individual does not respond.</p> <p>For age, Massachusetts receives verification of a SSN from SSA via the FDSH. Part of the SSN verification includes confirmation of name and DOB. FDSH (SSA) will be used at application.</p> |
| Social Security Number **   | NO  | NO   | YES                               | N/A                                    | N/A  | N/A  | YES  |   |
| Citizenship **  | NO  | NO   | YES                               | N/A                                    | N/A  | N/A  | YES  | Massachusetts will follow statute, regulations, and guidance for SSN, citizenship and immigration status including obtaining such information through the federal data hub services if available  |
| Immigration Status **   | NO  | NO   | YES                               | N/A                                    | N/A  | N/A  | YES  | Massachusetts will follow statute, regulations, and guidance for SSN, citizenship and immigration status including obtaining such information through the federal data hub services if available  |
| Household Composition   | YES   | NO   | NO                                | N/A                                    | N/A  | NO   | NO   |   |
| Pregnancy ***   | YES   | NO   | NO                                | N/A                                    | N/A  | NO   | NO   |   |
| Caretaker Relative  | YES   | NO   | NO                                | N/A                                    | N/A  | NO   | NO   |   |
| Medicare  | NO  | NO   | YES                               | N/A                                    | N/A  | NO   | YES  |   |
| Application for Other Benefits  | YES   | NO   | NO                                | N/A                                    | N/A  | NO   | NO   |   |
| Other: (Please describe any other eligibility factors in the space below) |   |  |                                   |  |  |  |  |   |
| Other (Identity)  | NO  | YES  | YES                               | N/A                                    | N/A  | NO   | YES  | Using SSA to obtain both citizenship and identity. If information is inconsistent with SSA and identity needs to be verified as part of citizenship, then identity would be verified separately through DMV (Mass RMV= registry of motor vehicles). Paper documentation will be requested only if those data sources are unavailable.   |

| Eligibility Factor           | Self-Attestation Accepted without Additional Verification (Y/N) | Self-Attestation Accepted with Post-Eligibility Verification (Y/N) | Electronic Data Source Used (Y/N) | Reasonable Compatibility Standard Used   | Specify Reasonable Compatibility Standard for Income | Ask for a Reasonable Explanation from the Individual (Y/N) | Paper Documentation Required from the Individual (Y/N) | Comments   |
|------------------------------|---|--|-----------------------------------|--|--|--|--|--|
| Other (Access to ESI)        | YES   | YES  | YES                               | If applicant indicates working less than 32 hrs. per week, self attestation is accepted. If applicant indicates working 32 hours per week or more, an investigation is conducted regardless of applicant's | N/A  | NO   | NO   | If state finds through electronic data sources that the individual has access to ESI and individual indicated that they don't have access, the agency will notify the individual. This applies to both Medicaid and CHIP. For Medicaid, it is to offer premium assistance if cost effective. For CHIP, it is to require enrollment in a qualified health plan. |
| Other (Incarceration)        | NO  | NO   | YES                               | N/A  | N/A  | YES  | NO   | Utilizing the hub for incarceration status and also uses SVES<br><br>Mass doesn't currently exercise option to suspend but only pay for services under certain circumstances.  |
| Other (Third Party Recovery) | NO  | YES  | YES                               | N/A  | N/A  | NO   | YES  | Data source matching occurs to identify individuals that haven't self-identified. Paper documentation is only required when an individual indicates that they've been injured.   |

\* States must check electronic data sources determined useful to verify income in accordance with 42 CFR 435.948 but can be done post-enrollment.  
If the information obtained from electronic data sources and the information provided by or on behalf of the individual are both above, at or below the applicable income standard, the State must determine the applicant eligible or ineligible for Medicaid/CHIP. (NOTE: this option is prepopulated for the state and is not an option that can be changed).

\*\* States must follow statute, regulations, and guidance for verification of SSN, citizenship and immigration status including obtaining such information through the federal data services hub if available.

\*\*\* States must accept self-attestation of pregnancy unless they have information that is not reasonably compatible with such attestation.

(Insert Medicaid, CHIP, or Both) Medicaid & CHIP  
State: Massachusetts

Financial:

| Electronic Data Source                                  | Determined Useful (Y/N) <sup>1</sup> | Accuracy Considered (Y/N) | Timeliness Considered (Y/N) | Ability to Access Considered (Y/N) | Age of Data Considered (Y/N) | Comprehensive Considered (Y/N) | Other Criteria Used (Y/N) (Please Describe in Comments section) | Data Source Used at Application (Y/N) | Data Source Used at Renewal (Y/N) | Data Source Used Post-Enrollment (Y/N) | If Data Source Used for Post-Enrollment - Frequency Used (e.g. monthly, quarterly) | Comments   |
|---|--------------------------------------|---------------------------|-----------------------------|------------------------------------|------------------------------|--------------------------------|---|---------------------------------------|-----------------------------------|--|--|--|
| 1. Internal Revenue Service (IRS)                       | YES                                  | YES                       | YES                         | YES                                | YES                          | YES                            | NO  | YES                                   | YES                               | NO                                     |  | Use at renewal if the person has provided consent.<br><br>State to utilize FTI data match, then use SWICA & UI as secondary. All data matches are in real time.  |
| 2. Social Security Administration (SSA) (SSI, Title II) | YES                                  | YES                       | YES                         | YES                                | YES                          | YES                            | YES   | YES                                   | YES                               | YES                                    | Monthly  | Massachusetts believes "other criteria used column" should be listed as "yes" as it is used to identify if an individual is receiving SSI benefits, and therefore exempt from a MAGI-determination. SSI data is obtained through our current match with SSA.   |
| 3. State Wage Information Collection Agency (SWICA)     | YES                                  | YES                       | YES                         | YES                                | YES                          | YES                            | NO  | YES                                   | YES                               | YES                                    | Quarterly  |  |
| 4. State Unemployment Compensation                      | YES                                  | YES                       | YES                         | YES                                | YES                          | YES                            | NO  | YES                                   | YES                               | YES                                    | Monthly  |  |
| 5. State Administered Supplementary Payment Program     | NO                                   | YES                       | YES                         | YES                                | YES                          | YES                            | NO  | NO                                    | NO                                | NO                                     |  | Not used for MAGI. These individuals are considered referred eligibles from Massachusetts state data exchange (excluded from MAGI calculation) and are automatically eligible for MassHealth   |
| 6. State General Assistance Programs                    | NO                                   | YES                       | YES                         | YES                                | YES                          | YES                            | NO  | NO                                    | NO                                | NO                                     |  | Not used for MAGI. These individuals are considered referred eligibles from Massachusetts Department of Transitional Assistance (excluded from MAGI calculation) and are automatically eligible for MassHealth.<br><br>MA has received authority to establish eligibility for these groups by referral, through our 1115 demonstration amendment. approved on October 1, 2013. |
| 7. Supplemental Nutrition Assistance Program (SNAP)     | YES                                  | YES                       | YES                         | YES                                | YES                          | YES                            | YES   | NO                                    | YES                               | NO                                     |  | Express Lane Renewals only   |

| Electronic Data Source   | Determined Useful (Y/N) <sup>1</sup> | Accuracy Considered (Y/N) | Timeliness Considered (Y/N) | Ability to Access Considered (Y/N) | Age of Data Considered (Y/N) | Comprehensive Considered (Y/N) | Other Criteria Used (Y/N) (Please Describe in Comments section) | Data Source Used at Application (Y/N) | Data Source Used at Renewal (Y/N) | Data Source Used Post-Enrollment (Y/N) | If Data Source Used for Post-Enrollment - Frequency Used (e.g. monthly, quarterly) | Comments   |
|--|--------------------------------------|---------------------------|-----------------------------|------------------------------------|------------------------------|--------------------------------|---|---------------------------------------|-----------------------------------|--|--|--|
| 8. Temporary Assistance for Needy Families (TANF)                                      | NO                                   | YES                       | YES                         | YES                                | YES                          | YES                            | NO  | NO                                    | NO                                | NO                                     |  | Not used for MAGI. These individuals are considered referred eligibles from Massachusetts Department of Transitional Assistance (excluded from MAGI calculation) and are automatically eligible for MassHealth.<br><br>MA has received authority to establish eligibility for these groups by referral, through our 1115 demonstration amendment, approved on October 1, 2013. |
| 9. Office of Child Support Enforcement (OCSE)  | NO                                   | NO                        | NO                          | NO                                 | NO                           | NO                             | NO  | NO                                    | NO                                | NO                                     |  | Do not have access   |
| 10. State Income Tax   | NO                                   | NO                        | NO                          | NO                                 | NO                           | NO                             | NO  | NO                                    | NO                                | NO                                     |  | Do not have access   |
| 11. Commercial database: (Please describe any commercial databases in the space below) |                                      |                           |                             |                                    |                              |                                |   |                                       |                                   |  |  |  |
| TALX / The Work Number   | NO                                   | NO                        | NO                          | NO                                 | NO                           | NO                             | NO  | NO                                    | NO                                | NO                                     |  | At the time this federal service was introduced in the project it could not be included in the schedule for 10/1. This federal service will be included in future release.   |
|  |                                      |                           |                             |                                    |                              |                                |   |                                       |                                   |  |  |  |
| 12. Other: (Please describe any additional electronic data sources in the space below) |                                      |                           |                             |                                    |                              |                                |   |                                       |                                   |  |  |  |
|  |                                      |                           |                             |                                    |                              |                                |   |                                       |                                   |  |  |  |
|  |                                      |                           |                             |                                    |                              |                                |   |                                       |                                   |  |  |  |

1. The state marked any criterion YES if they were considered in determining the usefulness of the electronic data source; however, the determination of whether the data source was useful/not useful did not rest solely on these criteria.

MAGI-BASED ELIGIBILITY VERIFICATION PLAN

(Insert Medicaid, CHIP, or Both) Medicaid & CHIP  
State: Massachusetts

Section B2. Use of Electronic Data Sources

Non-Financial:

| Electronic Data Source                          | To Be Used (Y/N) | Social Security Number | Citizenship | Immigration Status | Residency | Age/DOB | Pregnancy | Household Composition | Caretaker Relative | Medicare | Application for other Benefits | Other | Data Source Used at Application (Y/N) | Data Source Used at Renewal (Y/N) | Data Source Used Post-Enrollment (Y/N) | If Used for Post-Enrollment Frequency Used (i.e. monthly, quarterly) | Comments   |
|---|------------------|------------------------|-------------|--------------------|-----------|---------|-----------|-----------------------|--------------------|----------|--------------------------------|-------|---------------------------------------|-----------------------------------|--|--|--|
| 1. Social Security Administration (SSA)         | YES              | YES                    | YES         | NO                 | NO        | YES     | NO        | NO                    | NO                 | YES      | NO                             | NO    | YES                                   | YES                               | YES                                    | Monthly  | Post-enrollment, data source is checked monthly for any status changes related to Medicare   |
| 2. Department of Homeland Security (DHS) - SAVE | YES              | NO                     | NO          | YES                | NO        | NO      | NO        | NO                    | NO                 | NO       | NO                             | NO    | YES                                   | YES                               | NO                                     |  | We will data match for immigration status at the time of application, renewal, when a status is set to expire, and at least once every 12 months for members who have their MassHealth renewal date extended |
| 3. Vital Statistics                             | YES              | NO                     | YES         | NO                 | NO        | NO      | NO        | NO                    | NO                 | NO       | NO                             | NO    | YES                                   | NO                                | NO                                     |  | Mass can only check data source with permission.   |
| 4. Department of Motor Vehicles (DMV)           | YES              | NO                     | NO          | NO                 | NO        | NO      | NO        | NO                    | NO                 | NO       | NO                             | YES   | NO                                    | NO                                | YES                                    | Other (specify in comments)  | Identity Verification if needed as part of citizenship during the reasonable opportunity period  |

| Electronic Data Source                              | To Be Used (Y/N) | Social Security Number | Citizenship | Immigration Status | Residency | Age/DOB | Pregnancy | Household Composition | Caretaker Relative | Medicare | Application for other Benefits | Other | Data Source Used at Application (Y/N) | Data Source Used at Renewal (Y/N) | Data Source Used Post-Enrollment (Y/N) | If Used for Post-Enrollment Frequency Used (i.e. monthly, quarterly) | Comments  |
|---|------------------|------------------------|-------------|--------------------|-----------|---------|-----------|-----------------------|--------------------|----------|--------------------------------|-------|---------------------------------------|-----------------------------------|--|--|---|
| 5. Temporary Assistance for Needy Families (TANF)   | YES              | NO                     | YES         | YES                | NO        | NO      | NO        | NO                    | NO                 | NO       | NO                             | YES   | YES                                   | YES                               | YES                                    | Other (specify in comments)  | <p>Daily</p> <p>Only used for citizenship and immigration status if they have been verified in accordance with Medicaid and CHIP rules. Back up to use when hub sources fail.</p> <p>Citizenship is a one-time verification and not reviewed at renewal or post-enrollment. Immigration status may be reviewed once every 12 months or if there is a change in immigration status. The "other" column indicates data that we receive that the individual is receiving TANF benefits and therefore automatically eligible for MassHealth.</p> <p>MA received authority to establish eligibility for these groups by referral, through our 1115 demonstration amendment. approved on October 1, 2013.</p> |
| 6. Supplemental Nutrition Assistance Program (SNAP) | YES              | NO                     | NO          | NO                 | NO        | NO      | NO        | NO                    | NO                 | NO       | NO                             | YES   | NO                                    | YES                               | NO                                     |  | The "Other" column indicates that we receive data from SNAP that is used for purposes of Express Lane Renewals.   |
| 7. Office of Child Support Enforcement              | NO               | NO                     | NO          | NO                 | NO        | NO      | NO        | NO                    | NO                 | NO       | NO                             | NO    | NO                                    | NO                                | NO                                     |  |   |

| Electronic Data Source  | To Be Used (Y/N) | Social Security Number | Citizenship | Immigration Status | Residency | Age/DOB | Pregnancy | Household Composition | Caretaker Relative | Medicare | Application for other Benefits | Other | Data Source Used at Application (Y/N) | Data Source Used at Renewal (Y/N) | Data Source Used Post-Enrollment (Y/N) | If Used for Post-Enrollment Frequency Used (i.e. monthly, quarterly) | Comments  |
|---|------------------|------------------------|-------------|--------------------|-----------|---------|-----------|-----------------------|--------------------|----------|--------------------------------|-------|---------------------------------------|-----------------------------------|--|--|---|
| 8. State General Assistance Programs  | YES              | NO                     | YES         | YES                | NO        | NO      | NO        | NO                    | NO                 | NO       | NO                             | YES   | YES                                   | YES                               | YES                                    | Other (specify in comments)  | <p>Daily</p> <p>Only used for citizenship and immigration status if they have been verified in accordance with Medicaid and CHIP rules. Back up to use when hub sources fail.</p> <p>Citizenship is a one-time verification and not reviewed at renewal or post-enrollment. Immigration status may be reviewed once every 12 months or if there is a change in immigration status. The "other" column indicates data that we receive that the individual is receiving State General Assistance (those referred eligibles from Massachusetts Department of Transitional Assistance, specifically Emergency Aid for Elderly, Disabled, and Children EAEDC) benefits and therefore automatically eligible for MassHealth.</p> <p>MA received authority to establish eligibility for these groups by referral, through our 1115 demonstration amendment. approved on October 1, 2013.</p> |
| 9. Women, Infants and Children Program (WIC)  | NO               | NO                     | NO          | NO                 | NO        | NO      | NO        | NO                    | NO                 | NO       | NO                             | NO    | NO                                    | NO                                | NO                                     |  |   |
| 10. State Income Tax  | NO               | NO                     | NO          | NO                 | NO        | NO      | NO        | NO                    | NO                 | NO       | NO                             | NO    | NO                                    | NO                                | NO                                     |  |   |
| 11. Commercial database: <i>(Please describe any commercial databases in the space below)</i> |                  |                        |             |                    |           |         |           |                       |                    |          |                                |       |                                       |                                   |  |  |   |
| Third Party Liability Data Matching   | YES              | NO                     | NO          | NO                 | NO        | NO      | NO        | NO                    | NO                 | NO       | NO                             | YES   | NO                                    | YES                               | YES                                    | Monthly  | Other criteria considered is TPL, Current Vendor is HMS   |

| Electronic Data Source  | To Be Used (Y/N) | Social Security Number | Citizenship | Immigration Status | Residency | Age/DOB | Pregnancy | Household Composition | Caretaker Relative | Medicare | Application for other Benefits | Other | Data Source Used at Application (Y/N) | Data Source Used at Renewal (Y/N) | Data Source Used Post-Enrollment (Y/N) | If Used for Post-Enrollment Frequency Used (i.e. monthly, quarterly) | Comments   |
|---|------------------|------------------------|-------------|--------------------|-----------|---------|-----------|-----------------------|--------------------|----------|--------------------------------|-------|---------------------------------------|-----------------------------------|--|--|--|
|   |                  |                        |             |                    |           |         |           |                       |                    |          |                                |       |                                       |                                   |  |  |  |
| 13. Other: (Please describe additional electronic data sources in the space provided below) |                  |                        |             |                    |           |         |           |                       |                    |          |                                |       |                                       |                                   |  |  |  |
| 12. PARIS*  | YES              | NO                     | NO          | NO                 | NO        | NO      | NO        | NO                    | NO                 | NO       | YES                            | YES   | NO                                    | YES                               | YES                                    | Quarterly  | Uses PARIS to collect eligibility of individuals in other state Medicaid programs. |
| Other (Experian/LexisNexis)   | YES              | NO                     | NO          | NO                 | YES       | NO      | NO        | NO                    | NO                 | NO       | NO                             | NO    | YES                                   | YES                               | YES                                    | Annually   | Performed once every 12 months if annual renewal date is extended                  |
|   |                  |                        |             |                    |           |         |           |                       |                    |          |                                |       |                                       |                                   |  |  |  |
|   |                  |                        |             |                    |           |         |           |                       |                    |          |                                |       |                                       |                                   |  |  |  |

\* Under 42 CFR 435.945(d), all State Medicaid eligibility systems must conduct a match with PARIS for Interstate benefit information.  
If used for other purposes, please indicate in Section D.

| Section C . Additional Factors of Eligibility for Separate CHIP          |   |   |   |  |                      |   |
|--|---|---|---|--|----------------------|---|
| Eligibility Factor   | Self-Attestation Accepted without Additional Verification | Self-Attestation Accepted with Post-Enrollment Verification (Y/N) | Electronic Data Source Used (Y/N)<br><i>If Yes, please describe in comments</i> | Paper Documentation Required from the Individual (Y/N) | Non-Applicable (N/A) | Comments  |
| 1. Applicant does not have other coverage                                | NO  | YES   | YES   | NO   | Must be Applied      | Column D:Periodic matching with Insurance carriers to identify coverage<br><br>These verification policies and procedures (for questions 1 and 2) also apply to the state Medicaid Expansion program according to title XXI.<br><br>Accept self-attestation but have backup ways to check to ensure that the application info is accurate. State will follow-up with periodic data match for those who have other insurance.<br><br>Plan to file an amendment to program to eliminate waiting period for CHIP (to be effective 1/1/2014). Decision will impact whether questions 3-6 apply to them. |
| 2. Applicant does not have access to affordable ESI                      | YES   | YES   | YES   | NO   |                      | Column B: Yes, if applicant indicates working less than 32 hours per week Column C: Yes, if applicant indicates working 32 hours per week or more Column C: Yes, when possible  |
| 3. When child has had coverage (as applicable to states' waiting period) | YES   | NO  | NO  | NO   |                      |   |
| 4. Access to public employee coverage                                    | YES   | YES   | YES   | NO   |                      | Column B: Yes, if applicant indicates working less than 32 hrs. per week. Column C: Yes, if applicant indicates working 32 hours per week or more Column D: Yes, when possible.   |
| 5a. Waiting period exception #1 (describe):                              | YES   | NO  | NO  | NO   |                      | Description: A child in the family group has special or serious health-care needs.  |
| 5b. Waiting period exception #2 (describe):                              | YES   | NO  | NO  | NO   |                      | Description: The prior coverage was involuntarily terminated  |
| 5c. Waiting period exception #3 (describe):                              | YES   | NO  | NO  | NO   |                      | Description: A parent in the family group died in the previous six months   |

| Eligibility Factor  | Self-Attestation Accepted without Additional Verification | Self-Attestation Accepted with Post-Enrollment Verification (Y/N) | Electronic Data Source Used (Y/N)<br><i>If Yes, please describe in comments</i> | Paper Documentation Required from the Individual (Y/N) | Non-Applicable (N/A) | Comments   |
|---|---|---|---|--|----------------------|--|
| 5d. Waiting period exception #4 (describe):   | YES   | NO  | NO  | NO   |                      | Description: The prior coverage was lost due to domestic violence  |
| 5e. Waiting period exception #5 (describe):   | YES   | NO  | NO  | NO   |                      | Description: The prior coverage was lost due to becoming self-employed   |
| 5f. Waiting period exception #6 (describe):   | YES   | NO  | NO  | NO   |                      | Description: The existing coverage's lifetime benefits were reduced substantially within the previous six months or prior employer-sponsored health insurance was cancelled for this reason. |
| 5g. Waiting period exception #7 (describe):   | YES   | NO  | NO  | NO   |                      | Placeholder any additional exceptions pending publication of CMS Final Rule  |
| 5h. Waiting period exception #8 (describe):   |   |   |   |  |                      |  |
| 5i. Waiting period exception #9 (describe):   |   |   |   |  |                      |  |
| 5j. Waiting period exception #10 (describe):  |   |   |   |  |                      |  |
| 6. Other eligibility factors or exceptions to eligibility factors: <i>(Please describe in the space provided below)</i> |   |   |   |  |                      |  |
|   |   |   |   |  |                      |  |
|   |   |   |   |  |                      |  |

Section D. Additional Verification Questions

|   | Question  | Response   |
|---|---|--|
| 1 | If paper documentation is required when a data source is not available or the information obtained from a data source is not reasonably compatible with the information provided by or on behalf of the individual, briefly describe how the state determined that establishing and using an electronic data source was not effective, considering such factors as cost and program integrity in accordance with 42 CFR 435.952(c): | <p>The state is accepting self-attestation without additional verification for some factors of eligibility. For those that it doesn't, the state utilizes all available data sources, including back up sources for citizenship. We only request paper documenation when electtonic data is not available or is inconsistent with the attestation and does not meet the reasonable compatibiltity standard when relevant. We believe this strikes the appropriate balance of ensuring program integrity while promoting a streamlined process that minimizes the use of paper verifications.</p> <p>HIV Status and Breast and Cervical Cancer Treatment Program Eligibility: There are no reliable electronic data sources for medical diagnosis. Therefore MA will require paper verification post eligiblty for individuals whose eligibility for the state's 1115 Demonstration programs, HIV-Family Assistance and Breast and Cervical Cancer Treatment Program, depends in part on these factors.</p> |
| 2 | Please describe how the state uses PARIS?   | Massachusetts uses PARIS to compare eligibility with other state Medicaid programs.  |
| 3 | Please indicate (YES) or (NO) if the State intends to request Secretarial approval to solely use alternative data sources for financial verification other than those listed in 42 CFR 435.948 (Numbers 1-8 in Section B-1).  | NO   |

|   | Question  | Response |
|---|---|----------|
|   | <p>If (YES), please submit a letter to CMS requesting such approval describing how the the state meets the following requirements:</p> <ol style="list-style-type: none"> <li>1) Reduces administrative costs and burdens on both individuals and the State,</li> <li>2) Maximizes accuracy and minimizes delay,</li> <li>3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and</li> <li>4) Promotes coordination with other insurance affordability programs.</li> </ol> |          |
| 4 | <p>Please indicate (YES) or (NO) if the State intends to request Secretarial approval to use a mechanism other than the federal data services hub for information that is available through the hub.</p>  | NO       |
|   | <p>If (YES), please submit a letter to CMS requesting such approval describing how the the state meets the following requirements:</p> <ol style="list-style-type: none"> <li>1) Reduces administrative costs and burdens on both individuals and the State,</li> <li>2) Maximizes accuracy and minimizes delay,</li> <li>3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and</li> <li>4) Promotes coordination with other insurance affordability programs.</li> </ol> |          |
| 5 | <p>Describe any additional MAGI-based eligibility verification policies and procedures that have not been covered in this verification plan (optional):</p>   |          |

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| Section A. Additional Comments   |
| If data matches fail, are not reasonably compatible, or are not available, then Massachusetts will require post-enrollment paper verificatons within 90 days. An individual may only receive benefits during a post-enrollment verification period once per year, except if the individual has a change in circumstance resulting in a change of eligibility from QHP to Medicaid/CHIP, or if the individual becomes pregnant. |
| <br>This process was authorized through MassHealth's 1115 waiver on October 1 2013.  |
| <br>Additional Other Categories:   |
| HIV+ Status (applies to ACA expansion adult group for richer benefit and to applicable 1115 waiver program for HIV+ individuals) - NO to self-attestation accepted without additional verification, YES to self-attestation accepted with post-enrollment verification, NO to electronic data sources used, NO to ask for explanation from the individual, YES to paper documentation required from the individual.            |
| <br>Breast or Cervical Cancer Certification Status (applies to ACA expansion adult group for richer benefit and to 1115 waiver BCCTP Program for those with income between 133 and 250% FPL) - NO to self-   |

|                                 |
|---------------------------------|
| Section B1. Additional Comments |
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|---------------------------------|
| Section B2. Additional Comments |
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| Section C. Additional Comments   |
| Medicaid and CHIP are part of one program called MassHealth. With regards to waiting periods and the associated exceptions, MA plans to file a state plan amendment to eliminate waiting periods for CHIP (consitent with CMS final eligibility rule released in July). MA intends to submit SPA before end of 2013. |